

## COMMONWEALTH OF KENTUCKY

State Board of Health  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATHFile No. 20925Registered No. 82

## 1 PLACE OF DEATH

County MurklesburgVot. Pct. 7. Central city, Ky.

Inc. Town.....

Registration District No. 1087Primary Registration District No. 2435

City.....

(No. \_\_\_\_\_ St., \_\_\_\_\_ Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Myrtle Chism

(a) Residence. No. \_\_\_\_\_ St., \_\_\_\_\_ Ward. \_\_\_\_\_

(Usual place of abode)

(If nonresident, give city or town and State\*)

Length of residence in city or town where death occurred yrs. mos. ds. New long in U.S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 Single Married  
Married Widowed  
Widowed or Divorced  
(Write the word)5a If married, widowed, or divorced  
(or) WIFE of Wade Chism6 DATE OF BIRTH Jan 26 1898  
(Month) (Day) (Year)7 AGE 35 yrs. 7 mos. 5 ds. IF LESS than 1  
day.....hrs.  
or.....min?8 OCCUPATION OF DECEASED  
(a) Trade, profession or particular kind of work Housewife  
(b) General nature of industry, business or establishment in which employed (or employer)9 BIRTHPLACE (city or town) Illinois  
(State or country)PARENTS  
10 NAME OF FATHER L. H. Webb  
11 BIRTHPLACE OF FATHER (city or town) Ill.  
(State or country)  
12 MAIDEN NAME OF MOTHER Lucretia Briggs  
13 BIRTHPLACE OF MOTHER (city or town) Ill.  
(State or country)14 (Informant) Bessie Tate  
(Address) Central city, Ky.15 Filed 9-1-, 1928. A. L. Blaufard  
Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Aug 31 1928  
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased  
from July 15, 1928, to Aug 31, 1928  
that I last saw h.e.v. alive on Aug 31, 1928and that death occurred on the date stated above at 11 P.m.  
The CAUSE OF DEATH\* was as follows:Tuberculosis of Lungs(Duration) 2 yrs. mos. ds.

Contributory (Secondary)

(Duration) \_\_\_\_\_ yrs. mos. ds.

18 WHERE WAS DISEASE CONTRACTED

If not at place of death? \_\_\_\_\_

Did an operation precede death? \_\_\_\_\_ Date of \_\_\_\_\_

Was there an autopsy? \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_

(Signed) Clarence Stoddard, M. D.  
8-31, 1928 (Address) Central City Ky.

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means and nature of Injury; and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

Bluff Sept 1 1928

20 UNDERTAKER ADDRESS

Arthur L. Mosely Central city, Ky.

MACHINE REPRODUCED FOR RECORDS

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD  
R. B.—Every item of information to be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.